

Evaluation for Advanced Dental Education

Instructions

1. Applicants must complete section I before forwarding to the evaluator.
2. The applicant listed has applied for advanced dental education and requests you complete section II.
3. Please answer all the questions.
4. Return evaluation to the Naval School of Health Sciences, Code OD, 8901 Wisconsin Avenue, Bethesda, MD 20889-5611.
5. Questions, please call: (301) 295-0650 or DSN 295-0650.

Section I

Name (Last, First, MI)	Grade	Designator	SSN
First choice for training request	Second choice for training request		
Level of training requested: <input type="checkbox"/> Residency <input type="checkbox"/> ACP <input type="checkbox"/> Fellowship <input type="checkbox"/> MS/Ph.D. <input type="checkbox"/> Other (specify)			

Section II

How do you know the applicant? (Check all that apply) <input type="checkbox"/> Friend <input type="checkbox"/> Relative <input type="checkbox"/> Pre-dental student <input type="checkbox"/> Dental student <input type="checkbox"/> Graduate student <input type="checkbox"/> GPR student <input type="checkbox"/> ACP student <input type="checkbox"/> Resident Member of: <input type="checkbox"/> Department <input type="checkbox"/> Branch Clinic <input type="checkbox"/> Command <input type="checkbox"/> Staff <input type="checkbox"/> Other (specify)	How well do you know the applicant? <input type="checkbox"/> Close and frequent observation <input type="checkbox"/> Above average <input type="checkbox"/> Average <input type="checkbox"/> Vaguely <input type="checkbox"/> By name only <input type="checkbox"/> I do not know the applicant
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How many years have you known the applicant?	From:	To:
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Based upon your experience with other students, dentists and Navy Dental Corps officers, how does the applicant compare when considering the following:
 Rank as follows: 5 - well above average 4 - above average 3 - average 2 - below average 1 - well below average 0 - no opinion

Rating Factor <input type="checkbox"/> Maturity <input type="checkbox"/> Judgment <input type="checkbox"/> Leadership <input type="checkbox"/> Cooperation <input type="checkbox"/> Personality <input type="checkbox"/> Military bearing <input type="checkbox"/> Personal demeanor <input type="checkbox"/> Independence of thought <input type="checkbox"/> Performance as a naval officer <input type="checkbox"/> Cultural interests (non-dental) <input type="checkbox"/> Clinical ability (manual dexterity) Communication skills as an: <input type="checkbox"/> Effective writer <input type="checkbox"/> Effective speaker Estimate probable success as a: <input type="checkbox"/> Clinician <input type="checkbox"/> Researcher <input type="checkbox"/> Dental educator <input type="checkbox"/> Graduate student	Additional comments:
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Gifted individuals occasionally exhibit sporadic performance due to extenuating circumstances such as family illness, financial need or personal difficulties. Please advise if you are aware of any unique circumstances.

Please provide a brief narrative summary to be used in this evaluation. (Use a maximum of one additional page, if necessary).

Evaluator's typed or printed name

Date

Evaluator's title or position

School or command

Evaluator's signature